

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	1					
4	2					
5	2					
6	1					
7	1					
8	1					
9	1					
10	4					
11	1					
12	1					
13	1					
14	2					
15	1					
16	1					
17	2					
18	1					
19	1					
20	1					
21	1					
22	1					
23	1					
24	2					
25	2					
26	2					
27	1					
28						
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47						
48						
49						
50						
TOTAL IND.	60					
TOTAL DEP.	31	↓	↓	↓		
TOTAL CLAIMS	37					

	*	*	*			
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.		↓	↓	↓		
TOTAL CLAIMS						

BEST AVAILABLE COPY